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APPLICANTS

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**** CONTINUING DATA *******
AHB
 This application is a CON of 09/966,451 09/28/2001 PAT 6,692,959

**** FOREIGN APPLICATIONS *******
none AHB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 10/20/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i> <i>AHB</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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TITLE
 Antisense modulation of IL-1 receptor-associated kinase-4 expression

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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